

AO 440 (Rev 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the  
Eastern District of Texas

U.S. DISTRICT COURT  
2014 APR 14 AM 10:37  
TX EASTERN-MARSHALL

PENOVIA LLC

*Plaintiff*

v.

VIZIO, INC.

*Defendant*

BY \_\_\_\_\_

Civil Action No. 2:14-cv-239

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Vizio, Inc.  
c/o The Corporation Trust Company  
Corporation Trust Center  
1209 Orange Street  
Wilmington, DE 19801

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney,

whose name and address are: Andrew W. Spangler  
Spangler Law P.C.  
208 N. Green Street, Suite 300  
Longview, TX 75601

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 3/18/14



CLERK OF COURT

*David Malone*

Signature of Clerk or Deputy Clerk

Civil Action No. 2:14-cv-239

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Visio, Inc.  
 was received by me on *(date)* 03/31/2014.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other *(specify)*: Served Certified Mail. RRR #7012 3050 0000 7064 1684

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 04/11/2014

  
 \_\_\_\_\_  
*Server's signature*

Rachel Spangler - Legal Assistant  
 \_\_\_\_\_  
*Printed name and title*

208 N. Green St., Ste. 300  
Longview, TX 75601  
 \_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>Tim McLaughlin</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Vizio, Inc. c/o The Corporation Trust Company Corporation Trust Center 1209 Orange Street Wilmington, DE 19801</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p> <p>MAR 31 2014</p>
<p>2. Article Number (Transfer from service label)</p> <p>7012 3050 0000 7064 1684</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

4997 4902 0000 0506 2702

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

WILMINGTON DE 19801

Postage	\$	\$1.40	0601
Certified Fee		\$3.30	0601
Return Receipt Fee (Endorsement Required)		\$2.70	0601
Restricted Delivery Fee (Endorsement Required)		\$0.00	0601
Total Postage & Fees	\$	\$7.40	03/24/2014

Vizio, Inc.  
c/o The Corporation Trust Company  
Corporation Trust Center  
1209 Orange Street  
Wilmington, DE 19801

Instructions